

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE
A Public Document

Please type or print in ink.					
NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER		
Chesbrough	Carol	D			
MAILING ADDRESS STREET (May use business address)	CITY	STATE ZIP CODE	OPTIONAL: FAX / E-MAIL ADDRESS		
1. Office, Agency, or Court		4. Schedule Summary			
Name of Office, Agency, or Court:		⇒ Total number of pages			
Department of Financial Institut	tions	including this cover p	age:		

1. Office, Agency, or Court				
Name of Office, Agency, or Court:				
Department of Financial Institutions				
Division, Board, District, if applicable:				
Your Position:				
Chief Deputy Commissioner				
If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)				
Agency:				
Position:				
2. Jurisdiction of Office (Check at least one box)				
✓ State				
County of				
City of				
Multi-County				
See 100 10				
Other				
3. Type of Statement (Check at least one box)				
Assuming Office/Initial Date:/				
Annual: The period covered is January 1, 2007, through December 31, 2007.				
-or-				
O The period covered is/, through December 31, 2007.				
Leaving Office Date Left:/(Check one)				
 The period covered is January 1, 2007, through the date of leaving office. 				
-or-				
O The period covered is/, through the date of leaving office.				
☐ Candidate				

4. Schedule Summary				
→ Total number of pages including this cover page:				
Check applicable schedules or "No reportable interests." I have disclosed interests on one or more of the attached schedules:				
Schedule A-1 Yes – schedule attached Investments (Less than 10% Ownership)				
Schedule A-2 Yes – schedule attached Investments (10% or greater Ownership)				
Schedule B Yes – schedule attached Real Property				
Schedule C Yes – schedule attached Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)				
Schedule D Yes – schedule attached Income – Gifts				
Schedule E Yes – schedule attached Income – Travel Payments				
-or-				
No reportable interests on any schedule				

5. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed	1-18-08		
	(month. day. year)		
	4 4		
Signatu			